Substitute for Form 1449 A & B/PTO					Complete if Known		
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 INFORMATION DISCLOSURE 					Confirmation Number	Not Assigned	
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ļ					First Named Inventor	TRAPPENIERS, Lieven	
(use as many sheets as necessary)					Art Unit	Not Assigned	
					Examiner Name	Not Assigned	
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	wo	01/58084	A2	08/09/01	HRL Laboratories, Inc.	Yes
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Examiner Initials*	Cite No.¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.	Translation
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Examiner Signature	/Yonas Bayou/	Date Considered	07/11/2007

^{*}EX AMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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